

# Application for Environmental Laboratory Certification Office of Environmental Laboratory Certification

South Carolina Department of Health and Environmental Control

A.	Purpose of Application: Check one.
	Initial Certification Lab Previously Certified Yes No If Yes, Old I.D.# Additional Parameter Certification
В.	Laboratory Name:
C.	Mailing Address
	(P.O. Box or Number and Street)
	(City) (State) (Zip Code)
D.	Physical Address:
	(Number and Street)
	(City) (State) (Zip Code)
	County Code Number
E.	Billing Address (for Certification Fees):
	(Billing Name)
	(P.O. Box or Number and Street)
	(City) (State) (Zip Code)
F.	Laboratory Telephone Number: G. Laboratory FAX Number:

	Type of Laboratory  Commercial  Federal		. م: ما	م ام،	نده ا ما				ا			al / a	. 4													
	<ul><li>Field Parameter</li><li>Industrial</li><li>Mobile</li><li>Municipal</li></ul>	(рп, п	esiai	iai c	mon	ne, d	iisso	ivec	ı oxy	/ger	ıan	u/oi	tem	pei	alu	ie)										
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	Out-of-State Labora				<u> </u>				<u> </u>		1	<u> </u>	1 1			<u> </u>		<u> </u>								
	Attach a copy of the evaluation report an Authority for each State Certifying Au	currer d resp <b>Desig</b>	nt ce onse <b>nate</b>	rtific to d <b>d P</b> r	devia r <b>ogr</b> a	tions am A	fror rea.	n th <b>O</b> i	e fo r <b>gan</b>	llow	ing	Stat	e Ce	ertif	icat	ion	Pro	gra	ms	· 0	nly	on	e S	tate	: Ce	ertify
	Safe Drinking Water	Act: _	/NI		of S	toto	Cort	i <b>f</b> , ii,		utha		`				Ex	oira	tion	n Da	ate:					-	
	Clean Water Act:															Exp	oirat	tion	Da	ate:					-	
	Solid and Hazardou	(Name of State Certifying Authority) id and Hazardous Waste:								Expiration Date:																
				(Na	me o	f Sta	te C	erti	fying	, Au	tho	ity)				. —									-	
ĺ	Laboratory Director	r: Des	igna	te th	ne pe	rson	resp	ons	sible	for	the	lab	orato	ry (	оре	ratio	ons.	. A	ttac	ch re	esu	me				
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	Education: Name of Institution:																									
	Degree:																									
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Name and Position Held:	
Education and Experience:	
License or Registration:	
Primary Responsibilities in the Laboratory:	
Name and Position Held:	
Education and Experience:	
License or Registration:	
Primary Responsibilities in the Laboratory:	
Name and Position Held:	
Education and Experience:	
License or Registration:	
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Name and Position Held:	
Education and Experience:	
License or Registration:	
Primary Responsibilities in the Laboratory:	

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## M. Clean Water Act Methodology

<u>Inorganic – Demand</u>: Circle only the EPA-approved methodology that the laboratory is seeking to perform. Out-of-state laboratories: The State Certifying Authority's certificate must reflect the appropriate certification for each parameter and method circled.

Parameter	Methodology <sup>1</sup>						
i didilietei	EPA	Standard Methods	Other				
Dissolved Oxygen		SM 4500-O C SM 4500-O-G					
			ASTM D888-05				

<u>Inorganic – Miscellaneous</u>: Circle only the EPA-approved methodology that the laboratory is seeking certification to perform. Out-of-state laboratories: The State Certifying Authority's certificate must reflect the appropriate certification for each parameter and method circled.

Parameter	Methodology <sup>1</sup>						
Falametei	EPA	Standard Methods	Other				
Ferrous Iron		SM 3500-Fe D					
Temperature		SM 2550 B					
Turbidity	EPA 180.1 Rev.2.0 (1993)	SM 2130 B					

## N. Solid and Hazardous Waste Methodology

<u>Inorganic – Mineral</u>: Circle only the EPA-approved methodology that the laboratory is seeking certification to perform. Out-of-state laboratories: The State Certifying Authority's certificate must reflect the appropriate certification for each parameter and method circled.

_	Methodology <sup>1</sup>							
Parameter	ΕDA	Standard	Othor					
	EPA	Methods	Other					
Hydrogen-Ion Concentration (pH) (Corrosivity)	EPA 9040C							
Hydrogen-Ion Concentration (solid)	EPA 9045D							
Specific Conductance	EPA 9050A							

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<b>Quality Control:</b> Check the quality control practices N/A if not applicable to your laboratory operations.	s that ap	ply to y	our laboratory with th	ne frequency performed, or lis
Quality Control	Yes	No	Frequency	Comments
Quality Assurance Plan <sup>2</sup>			. ,	
Standard Operating Procedures <sup>2</sup>				
Initial Demonstration of Precision and Accuracy for each Method <sup>2</sup>				
Chain of Custody <sup>2</sup>				
Sample Identification System				
Use of Unknown PT samples <sup>2</sup>				
Documented Standard Curve for each Method				
Standard Curve Checked Prior to each Sample Set				
Verify Curve Every Ten Samples				
Laboratory Blanks				
Use of Known Reference Samples				
Use of Duplicate Samples				
Service Contract on Balances				
Use of ASTM Class 1, 2, or 3 Weights				
Dating of Chemicals (received and opened)				
Chemical Inventory Log				
Standard Preparation Records				
Environmental Laboratory Certification Program. I a to the best of my knowledge. I agree to notify the St changes in laboratory name, ownership, laboratory of and/or record keeping practices, or any other factors accordance with the terms of certification documents. With the attached application(s), I hereby apply for conversion Environmental Laboratory Certification Regulation 6	tate Env director, s which i ed in Re certificati	ironmer locatior might im gulatior	ntal Laboratory Certing, personnel, facilitien pair the ability of the facility of the facilit	fication Program within 15 day s, equipment, methodology, e laboratory to perform in
		Name	of Laboratory Direct	or (type or print)
		Signat	ure of Laboratory Di	rector Date

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Q. Designation of Laboratory Director								
THIS IS A SA	MPLE FORM.							
YOUR LABORATOI	RY'S LETTERHEAD							
Director, Office of Environmental Laboratory Certification S.C. Department of Health and Environmental Control P.O. Box 72 State Park, South Carolina 29147  Dear Sir:  In accordance with South Carolina State Environmental Laboratory Certification Regulation 61-81, Section D(12), as proprietor of, I designate as the Laboratory Director. He/she has the responsibility of supervising the operations of the laboratory and insuring the quality and accuracy of the data reported. If there is a change in the Laboratory Director, I agree to notify the Office of Environmental Laboratory Certification within 15 days of this change.								
	(Proprietor's Signature and Date)							
	(Type or Print Name)							
	(Type or Print Title)							

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# **Application Footnotes**

### 1 Clean Water Act:

For the monitoring under the Clean Water Act, the 18<sup>th</sup>, 19<sup>th</sup>, and 20<sup>th</sup> editions of *Standard Methods for the Examination of Water and Wastewater*, 1992, 1995, and 1998 are the approved method references for most parameters. The *Standard Methods Online* version that is approved is indicated by the last two digits in the method number, which is the year of approval by the Standard Method Committee. Standard Methods Online versions are available at *http://www.standardmethods.org.* 

For approved methodology, refer to 40 CFR Part 136, "Guidelines Establishing Test Procedures for the Analysis of Pollutants under the Clean Water Act."

### **Solid and Hazardous Waste Testing:**

For Solid and Hazardous Waste testing, the EPA approved method reference is SW-846, Third Edition of "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", amended by Updates I, II, II, IIA, IIB, III, IIIA, IIIB and IV.

Also refer to 40 CFR Parts 260, 261,264, 265, 268, and 270, "Hazardous Waste Management System; Testing and Monitoring Activities".

2 Must accompany the completed application form.

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